WESTERN VILLAGE

1640	SHAWANO	AVENUE

GREEN BAY 54303 Phone: (920) 499-5177		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	121	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/05):	125	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	111	Average Daily Census:	111

Age, Gender, and Primary Diagnosis of	Length of Stay (12/31/05)	%						
Primary Diagnosis	%	Age Groups	*	 Less Than 1 Year 1 - 4 Years	42.3 39.6			
Developmental Disabilities	0.9	Under 65	16.2	More Than 4 Years	18.0			
Mental Illness (Org./Psy)	11.7	65 - 74	17.1					
Mental Illness (Other)	2.7	75 - 84	36.9		100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	23.4					
Para-, Quadra-, Hemiplegic	1.8	95 & Over	6.3	Full-Time Equivalent				
Cancer	5.4			Nursing Staff per 100 Resid	lents			
Fractures	0.0		100.0	(12/31/05)				
Cardiovascular	13.5	65 & Over	83.8					
Cerebrovascular	10.8			RNs	9.7			
Diabetes	5.4	Gender	%	LPNs	9.6			
Respiratory	4.5			Nursing Assistants,				
Other Medical Conditions	43.2	Male	34.2	Aides, & Orderlies	43.1			
		Female	65.8					
	100.0							
	=		100.0					

Method of Reimbursement

		edicare			edicaid itle 19			Other		:	Private Pay	:		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	10	100.0	242	16	18.8	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	26	23.4
Skilled Care	0	0.0	0	60	70.6	117	0	0.0	0	16	100.0	166	0	0.0	0	0	0.0	0	76	68.5
Intermediate				3	3.5	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				6	7.1	171	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	5.4
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		85	100.0		0	0.0		16	100.0		0	0.0		0	0.0		111	100.0

WESTERN VILLAGE

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of		Number of
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	7.8	Bathing	0.9		44.1	55.0	111
Other Nursing Homes	1.8	Dressing	13.5		84.7	1.8	111
Acute Care Hospitals	76.6	Transferring	20.7		71.2	8.1	111
Psych. HospMR/DD Facilities	2.4	Toilet Use	19.8		75.7	4.5	111
Rehabilitation Hospitals	0.0	Eating	41.4		51.4	7.2	111
Other Locations	3.0	******	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	167	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.1	Receiving Resp	iratory Care	9.9
Private Home/No Home Health	28.7	Occ/Freq. Incontiner	nt of Bladder	55.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	15.0	Occ/Freq. Incontine	nt of Bowel	41.4	Receiving Suct	ioning	0.0
Other Nursing Homes	2.4	_			Receiving Osto	my Care	2.7
Acute Care Hospitals	13.8	Mobility			Receiving Tube	Feeding	2.7
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.9	Receiving Mech	anically Altered Diets	24.3
Rehabilitation Hospitals	0.6				_	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	28.1	With Pressure Sores		4.5	Have Advance D	irectives	84.7
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	167				Receiving Psyc	hoactive Drugs	69.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	******	*****	******	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Peer Group		Peer Group		Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	151.1	85.8	1.76	90.1	1.68	88.8	1.70	88.1	1.72
Current Residents from In-County	91.9	81.3	1.13	84.9	1.08	83.2	1.10	77.6	1.18
Admissions from In-County, Still Residing	24.6	16.8	1.46	18.1	1.36	18.7	1.31	18.1	1.35
Admissions/Average Daily Census	150.5	216.2	0.70	188.0	0.80	177.7	0.85	162.3	0.93
Discharges/Average Daily Census	150.5	217.8	0.69	191.1	0.79	179.2	0.84	165.1	0.91
Discharges To Private Residence/Average Daily Census	65.8	100.9	0.65	87.1	0.76	83.4	0.79	74.8	0.88
Residents Receiving Skilled Care	91.9	97.2	0.95	96.6	0.95	96.3	0.95	92.1	1.00
Residents Aged 65 and Older	83.8	91.5	0.92	90.0	0.93	91.3	0.92	88.4	0.95
Title 19 (Medicaid) Funded Residents	76.6	61.7	1.24	62.3	1.23	61.8	1.24	65.3	1.17
Private Pay Funded Residents	14.4	19.4	0.74	20.8	0.69	22.5	0.64	20.2	0.71
Developmentally Disabled Residents	0.9	0.9	1.04	0.9	0.95	1.1	0.82	5.0	0.18
Mentally Ill Residents	14.4	28.9	0.50	34.5	0.42	34.8	0.41	32.9	0.44
General Medical Service Residents	43.2	23.7	1.82	22.0	1.97	23.0	1.88	22.8	1.90
Impaired ADL (Mean)	48.3	47.9	1.01	48.8	0.99	48.4	1.00	49.2	0.98
Psychological Problems	69.4	59.1	1.17	59.9	1.16	59.5	1.17	58.5	1.19
Nursing Care Required (Mean)	5.5	7.1	0.78	7.3	0.76	7.2	0.77	7.4	0.74